U.S. Department of Labor Office of Labor-Management Standards ► Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Onty	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E	
1. File Number U - 1/73(b)	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Cole Williams	Name IEA/NEA
	Labor Organization F. & Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
1.0. 500, 513, 100	
Street 104 Greenview	Street 104 Greenview
City Effingham	City Effingham
State Illinois ZIF Code + 4 62401	State Illinois ZIP Code + 4 62401
E. D. William in John correctivation	
5. Position in labor organization. UniServe Director	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Heid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose comployees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and betief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Oll Williams	on [7-10-2] 217-342-2187
	Date Telephone Number